

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
*101539708*  
APPLICANT(S)

FILING DATE

*6/17/05* CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		/				
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TOTAL IND.		/				
TOTAL DEP.	↔	19	↔		↔	
TOTAL CLAIMS	████████	████████	████████	████████	████████	████████

TOTAL IND.      TOTAL DEP.      TOTAL CLAIMS

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